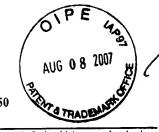
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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indicated unless correcte maintenance fee notifical	d below or directed oth	crwise in Block I, by (a				rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
IBM CORP (A C/O AMY PAT P. O. BOX 1613	TÍLLO 27	22007	1 he Stat add (ran	Certific reby certify that this F es Postal Service with ressed to the Mail St smitted to the USPTO	cate of Mailing or Trans cc(s) Transmittal is being sufficient postage for fire op ISSUE FEE address (571) 273-2885, on the d	mission 3 deposited with the United 3t class mail in an envelope above, or being facsimile ate indicated below.
AUSTIN, TX 78	3716					(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A1	TTORNEY DOCKET NO.	CONFIRMATION NO.
09/915,490 07/26/2001 Michael Wayne Brown AUS920010396US1 6710 TITLE OF INVENTION: WATERMARKING MESSAGING SESSIONS						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	EE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	\$1700	08/17/2007
EXAM	IINER	ART UNIT	CLASS-SUBCLASS		07 RUDNOKF2 GECOOL	
GOLD, AVI M		2157	709-228000	6% PE-1551 1489.68 Cc FE-1584 268.68		9
 Change of correspondence address or indication of "Fee Address" (3 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTC/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	THE PATENT (print or ty data will appear on the pT a substitute for filing an (B) RESIDENCE: (CIT ARMONK, NY	patent. If an assignee assignment. Y and STATE OR COU		locument has been filed for
	riate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🛭 Come	oration or other private gr	oup entity Government
4a. The following fec(s) Signature Signature Sign		4l permitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0447 (enclose an extra copy of this form).			
a. Applicant claim	ntus (from status indicate ns SMALL ENTITY state and Publication Fcc (if rea	us. Scc 37 CFR 1.27.			ENTITY status. See 37 C	FR 1.27(g)(2). he assignee or other party in
interest as shown by the	records of the United Sta	ites Patent and Trademark	Office.			
Authorized Signature	/AMY J. PATTILI	_0/	Daic 07-27-2007			
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